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**** CONTINUING DATA *******

none *N/A*

**** FOREIGN APPLICATIONS *******

none *N/A*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Verified and Acknowledged <i>None</i>	Examiner's Signature	Initials		

ADDRESS

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TITLE

Resource compaction

FILING FEE RECEIVED 1058	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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